The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

MEMBER MEDICAL SOCIETY MAGAZINE GROUP

VOLUME XVII NOVEMBER, 1961 NO. 9

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.

Telephone: REpublic 6-0661

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, NOVEMBER, 1961

EDITORIAL

YOUTH MUST BE SERVED

Of thirteen new members invited to the Society's last indoctrination dinner meeting only five saw fit to attend. This is regrettable, to say the least. It bespeaks a serious lack of interest on the part of most of our younger members in matters that should be of major concern to all, young and old alike. The purpose of these meetings, it should be recalled, is to familiarize the incoming members with the mechanics of our Society, and with the ethical, educational and socio-economic principles on which organized medicine is based. The fact that other societies are experiencing similar difficulties is small comfort. In fact it adds gravity to the situation.

In an effort to remedy the situation many Societies have resorted to indoctrination programs of one type or another. In some organizations program participation is voluntary, in others, compulsory. In some the program

"MOCK TRIAL", NOVEMBER 21, (See Page 11).

NEXT DISTRICT MEETING, DECEMBER 5, (See Page 15).

consists of a single meeting while in others it is much more comprehensive. The overall results, however, have been far from satisfactory. Most of the membership still prefers to sit on the sideline and criticize, or, worse yet, not do anything at all.

The most promising solution yet offered is embodied in a recent recommendation by the A.M.A.'s House of Delegates which suggests "that each medical school develop and present a required course in ethics and socio-economic principles, and that each state board of medical examiners include questions on ethics and proper socio-economic practices in all examinations for license". These suggestions, interestingly enough, followed very closely on the heels of a Medical Tribune poll showing that two thirds of all practicing physicians responding to a questionnaire, favored the inclusion of these non-clinical subjects in the medical school curriculum.

The recommendations of the House of Delegates, if put into effect, should go a long way toward combating the apathy and the indifference that now prevail. The only way to stimulate interest is through education, and more education. Whether or not our medical schools will agree to modify their curricula is difficult to predict. In the meantime our own indoctrination programs must continue, and even be improved upon. The protection of the public and of our profession demands perseverance in the effort to familiarize the young medico with the many problems confronting his profession today. We must help him understand that the really competent physician is much more than a skilled craftsman or technician. The very future of medicine depends on what we do (or fail to do) in behalf of our newer members. For it goes without saying that if youth is to serve, it must first of all be served.

M.

FROM THE EDITOR'S DESK

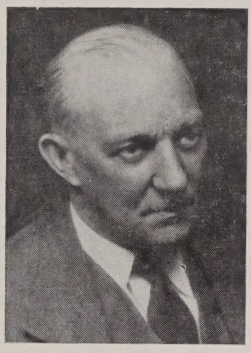
Committee chairmen are reminded that reports submitted to the Hippocrat are not to exceed 300 words.

Joining the Armed Forces? If so, please keep the Society and the Hippocrat posted on your whereabouts.

The December issue of the Hippocrat will carry Dr. Vasso's report on the "Twelfth County Medical Societies Conference on Disaster Medical Care" sponsored by the A.M.A. and held in Chicago, November 4-5, 1961.

Our cover this month shows Dr. Smead working at his favorite hobby of Forestry. For complete story see page 18.

President's Page



HAMPDEN DISTRICT MEDICAL SOCIETY - 1961

A casual visitor noting our office sign stopped in out of curiosity.

Mimeographing was in progress—medical pamphlets on display—letters to State, National and Local agencies awaiting signatures was the greeting.

Our visitor was amazed at the activity that did not exist a few short months ago.

Dozens of telephone calls are being answered daily. Misunderstanding corrected concerning patient-doctor relations. Information sought as to doctors or clinics available locally or elsewhere.

Many of these calls are from your patients and courteous handling by our secretary is establishing good will with patients who would never ask their physician, but would continue to nurse a supposed grievance.

Twenty-four hour telephone coverage to accept gripes is better than having them repeated over bridge tables.

Many of the misconceptions regarding insurance or government regulations are rectified and if the answer is not apparent the inquirer is asked to call back.

This is service spelled out so plainly that all recognize and applaud.

Committee meetings to improve the community health are daily events.

Decisions on old age, medical care, fluoridation, school health, mental health, lawyer-doctor relations to benefit the courts by means of a Mock Trial, relative values and an elaborate educational program for community preparedness for disaster alone has required many hours of study, travel, correspondence and meetings.

Our society is being complimented by simple "thanks", public awareness that we are a profession discharging a public responsibility.

Letters from the State Society are high in praise that Hampden District is very much on the "ball".

Jerome A. Whitney, M. D.

COMMITTEE ON DISASTER MEDICAL CARE

Mass Casualty Exercise

Sponsored jointly by the Hampden District Medical Society and Springfield College, Colonel I. Louis Hoffman, Director of Base Medical Services, Westover Air Force Base, presented an impressive mass casualty management exercise and demonstration in the Springfield College Field House on November 1, 1961. The program was attended by approximately 400, and the audience consisted of both medical and non-medical persons.

The program began with 30 minutes of Air Force training films which dealt directly with the subject of mass casualty management. The films were most informative and emphasized "sorting" as the key to any medical operation involving large numbers of casualties. Also shown were first aid techniques in treating such injuries as sucking chest wounds among other types of nuclear warfare casualties. Following the films a purposeful loud explosion was set off that added a realistic touch for an already suspenseful group.

Throughout the exercise lighting was provided by an ingenious self-sustaining field generator and portable floodlights designed and developed by the Westover Hospital. The lighting is used for field exercises in training for response to disaster sites. The lighting unit is mobile and self-contained in a lightweight two-wheeled trailer. Colonel Hoffman explained the setting and purpose of the program and introduced Doctor (Captain) Robert P. Cavallino, Flight Surgeon, who in turn dramatically presented each casualty that had been prepared with realistic moulages to show wounds and condition of patients. He discussed and demonstrated, with the aid of medical technicians, how each patient would be handled under a mass casualty situation.

Static displays of emergency medical equipment and supplies were on exhibit with personnel from the Westover Hospital to explain the items and their purposes. The displays included various rediation detection instruments, medical material for nuclear casualties, field ambulance, and the simulated casualties with their realistic moulage wounds. In addition to items on display, informative handouts were available and furnished in an effort to further the public's knowledge in such subjects as emergency control of bleeding, fallout shelter equipment, and the effects of radiation on man.

This program was arranged by your Committee on Disaster Medical Care as part of a program to inform the general public of the development and progress of medical disaster planning and care, in order that the population be stimulated to greater disaster preparedness.

George A. Vassos, Jr., Chairman

ACADEMY

At the December 12 meeting of the Springfield Academy of Medicine the speaker will be Louis Weinstein, M.D., Physician at the New England Medical Center. His topic will be "Infectious Diseases". The Clinical Conference will be held at Wesson Memorial Hospital, 5 p.m.

The speaker for the January 9 meeting will be William C. Maloney, M.D., Professor of Clinical Medicine, Tufts University Medical School. The Clinical Conference will be held at Mercy Hospital, 5 p.m.

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FLU TIME

The season of high incidence and prevalence of pulmonary infections is fast approaching. For many years, influenza has been one of the major causes of death. The catastrophic pandemic of 1918 serves as a constant reminder of the epidemic potential of this disease. A program of protection for high risk groups must be immediately undertaken if its recurrence is to be prevented.

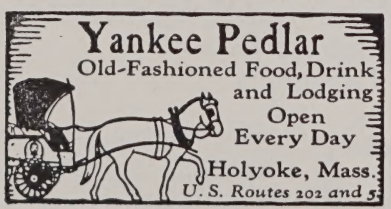
The high risk group which contribute markedly to the excess of death are:

(1) Persons of all ages who suffer from such chronic debilitating diseases, as cardiovascular diseases, chronic broncho-pulmonary diseases, and diabetes; (2) pregnant women; and (3) all persons 50 years of age or older.

The recommended dosage for initial adult immunization is 1.0 c.c. (500 chick cell agglutinating units) administered subcutaneously on two occasions separated by two or more months. Persons previously immunized with a polyvalent vaccine should be reinoculated with a single booster dose of 1.0 c.c. subcutaneously each fall. The only contraindication to vaccination would be a history of allergic reaction to an egg-produced vaccine, such as the commercial influenza product.

The time to start such a program is right now. In the past, influenza vaccination has been sparse and sporadic and has been administered primarily in response to an epidemic or the threat of an epidemic. Immunization of high risk groups should be begun now and continued annually regardless of the predicted incidence of influenza for specific years.

J. C. Ayres, M.D.



DIABETES DETECTION WEEK

Hampden District Medical Society is observing Diabetes Detection Week (November 12 to November 18) by co-sponsoring a Diabetes Detection and Education program jointly with the Public Health Department of Springfield and the Springfield Druggists Association.

During Diabetes Week the public, through a program of publicity, will be invited to pick up a "Dreypak" at their favorite drug store. This Dreypak contains a medicated paper strip which the individual dips quickly into a specimen of urine, lets it dry, and returns it—by mail or otherwise. The tester adds one drop of glucose oxidase solution to the filter paper strip containing the dried urine specimen. After two minutes, if the filter paper turns any color between light green and dark blue, there is sugar in the urine.

A self-addressed envelope then delivers the Dreypaks to HDMS headquarters at 1414 State Street. From there they will go to the Springfield Trade High School where the actual testing will be done. Our Woman's Auxiliary then takes over, notifying the sender of the findings, and also his physician if the test is positive.

Louis Izenstein, M.D.,
For Sub-committee

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FIVE PRINCIPLES OF THE A. M. A.

The House of Delegates of the A.M.A. at its last Annual Meeting held in New York approved the following five basic principles developed by the Judicial Council and the Council on Medical Service:

a. Each member of the A.M.A. is expected to observe the Principles of Medical Ethics in every aspect of his professional practice.

b. Each doctor engaged in the care of the patient is entitled to compensation commensurate with the value of the services he has personally rendered.

c. No doctor should bill or be paid for a service which he does not perform; mere referral does not constitute a professional service for which a professional charge should be made or for which a fee may be ethically paid or received.

d. It is ethically permissible for a surgeon to employ other physicians to assist him in the performance of a surgical procedure and to pay a reasonable amount for such assistance.

This principle applies whether or not an assisting physician is the referring doctor and whether he is on a per-case or full-time basis. The controlling factor is the status of the assisting physician. If the practice is a subterfuge to split fees or to divide an insurance benefit, or if the physician is not actually employed and used as a bona fide assistant, then the practice is contrary to ethical principles.

e. Under all other circumstances where services are rendered by more than one physician, each physician shall submit his own bill to the patient and be compensated separately.

(A spokesman for the American College of Surgeons recently took exception to point 4 (d), while the American Academy of General Practice approved of it. —Editor)

COMING EVENTS

HAMPDEN DISTRICT EXECUTIVE COMMITTEE MEETING, NOVEMBER 21

MOCK TRIAL, NOVEMBER 21, 1961 **(See Page 11)**

HAMPDEN DISTRICT MEETING, DECEMBER 5, 1961 **(See Page 15)**

CENSORS MEETING, DECEMBER 7, 1961

PROVIDENCE HOSPITAL SEMINAR, NOVEMBER 29 (See Page 14)

A.M.A. CLINICAL MEETING, DENVER, COLORADO, NOVEMBER 27 - 30, 1961

M.M.S. COUNCIL MEETING, BOSTON, FEBRUARY 7, 1962

A.M.A. ANNUAL MEETING, CHICAGO, ILLINOIS, JUNE 25 - 29, 1962

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Case history courtesy of Joel Goldman, M.D., Johnstown, Pa.
These photographs of Dr. Goldman's patient were taken on November 10, 1960.
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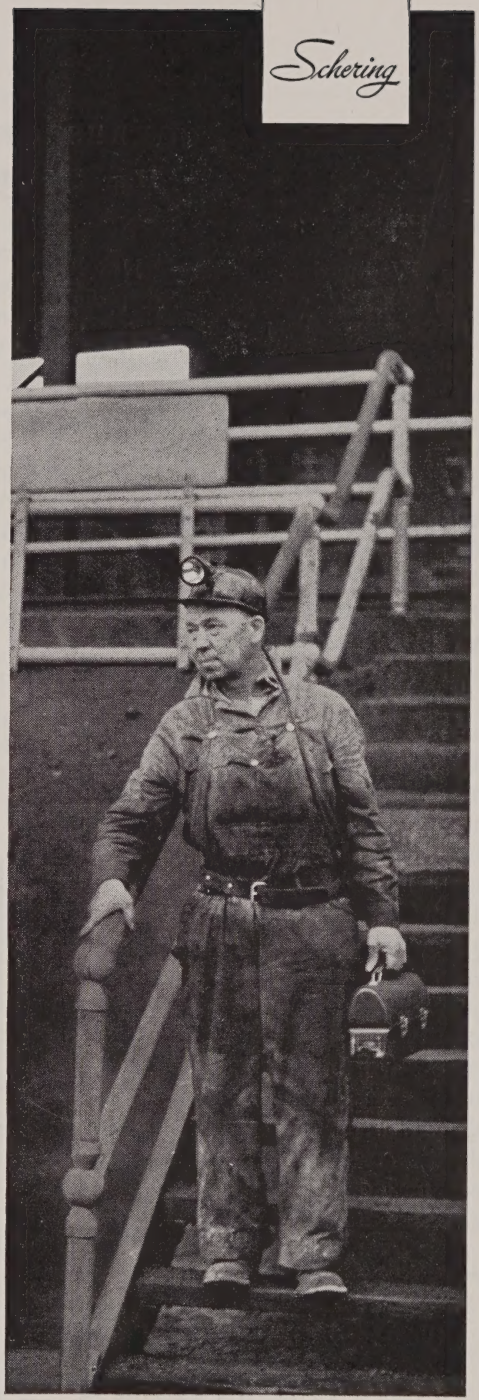

CORRESPONDENCE

Hear Ye, Hear Ye!

Dear Hippocrat:

On Wednesday evening, November 21st at 8:00 p.m. at the Springfield Municipal Hospital Auditorium the Hampden District Medical Society in cooperation with the Hampden Bar Association is to enact a mock trial. The purpose of this mock trial is to bring out for discussion controversial points between doctors and lawyers. For purposes of illustration a hypothetical accident in which a professional man is involved will be tried at this mock trial. Kent Smith, who is known for his wise decisions as well as humor, is to be the victim. Attorneys Fred Pillsbury, William Godfrey, Bob Moran, Arthur Giustina, Tom Donoghue, and Sherman Fein will argue the case for the plaintiff and for the defendant. Dr. Robert LaMarche is the consulting orthopedic surgeon for the plaintiff and Dr. Leon Kruger is the consulting orthopedic surgeon for the defense. I understand that Judge Macaulay, who will be the presiding justice for the Supreme Court at this session, will be the presiding judge at our mock trial. The trial is planned to take about an hour and a half, after which there is to be a question and answer period. At the end of the session refreshments will be served.

It is further hoped that by bringing the doctors and lawyers together on such semi-social occasions a greater understanding between the two professions will be obtained.

Those who are invited include members of the Hampden District Medical Society and their spouses; the lawyers in the Hampden District; the Woman's Auxiliary of the Hampden District Medical Society; the members of the Massachusetts Association of Medical Assistants and members of the legal Secretaries. A dress rehearsal for the mock trial is to be held at the District Society office at 1414 State Street at about 8:00 o'clock in the evening of November 8, 1961.

John J. Bandeian, M. D., Chairman
Malpractice and Medico-Legal Affairs

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MOCK TRIAL

TIME:	Tuesday, November 21, 8 p.m.
PLACE:	Springfield Municipal Hospital Auditorium 1400 State Street, Springfield
PRESIDING JUDGE:	Judge Donald M. Macaulay (Superior Court)
THE "VICTIM":	Kent Smith
ATTORNEYS:	Fred Pillsbury, William Godfrey, Bob Moran, Arthur Giustina, Tom Donoghue, and Sherman Fein
PHYSICIANS:	Robert LaMarche and Leon Kruger
POST-TRIAL:	1. Questions and Answers 2. Refreshments
INVITED ARE:	See page 10

PUBLIC RELATIONS COMMITTEE

The Public Relations meeting was held on Wednesday, October 11, 1961 at noon at headquarters.

The PR Committee recommended that members be urged to visit the new headquarters and meet Mrs. Purdy. The new drapes put up by the Auxiliary members give a new look to our office and new equipment is gradually being added as the Society can afford it. However, there is badly needed a stove, refrigerator, and sink for lunch at the noon meetings. Inasmuch as PR meets regularly at noon, a motion was carried that a fund be started through contributions ranging from $1.00 up. The average contribution is $10.00. We have $65.00 from today's take. It is recommended that each committee be notified and that one person of each committee make himself responsible for collections.

Dr. Maloney has definite dates for showing the A.M.A. film for college students. The dates are set up for Nov. 7 at AIC College, Nov. 6 at Springfield College and Nov. 8 at Amherst College. The President of Hampshire District has been contacted and approval has been granted. Mrs. Purdy has sent to Dr. Maloney names of doctors graduated from the various colleges to call on them for help on these evenings. Importance of distributing pamphlets and answering questions of the students is being considered. High Schools will be contacted in Holyoke, Palmer, Ware, etc. through members of Society living in these areas.

Dr. Memery reported for hospital relations and stated that a letter has been received from Dr. Nickerson, chairman of State Society Hospital and Professional Relations, relative to petition by 17 members of our district asking the State Society to assist in their applications for hospital privileges. Background of petition was presented and the motion made and seconded that this committee recommends that the Society express itself relative to the members involved in this petition and the stand of the Society be made known to the Board of Trustees of Hospitals concerned.

Dr. Grugan presented a letter with attached circular relative to a Speaker's Bureau. The motion was carried that this questionnaire be presented to the Executive Committee, and sent to all members of the Society.

Dr. Teta read a booklet which has

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informational material on Medico-Economic problems. After some discussion, Dr. Teta was urged to continue work on such a booklet and present it for study or question of referral to the Executive Committee for approval.

Dr. D'Avanzo presented a report from the President of the Woman's Auxiliary to the HDMS pointing out that the auxiliary is ready to assist with telephone committee or letter writing, as well as any other way that the Society can use their services.

It was moved that the Executive Committee be informed of the work relative to the possibility of a Medical School in our District and that Dr. Lederle be invited to speak either with the Executive Committee or the Society as a whole. Professor Goldberg, as chairman of the U. of Mass. study committee also will be willing to speak to any committee of HDMS.

A. A. Palermo, M.D., Chairman

MEDICOLEGAL

"*Medicolegal* Forms with Legal Analysis" is now available for physicians. You can write to the Director of the Law Department of the AMA, or order one from the executive office. It has model forms for all kinds of situations confronting the physician; i.e., provision for substitute doctors at delivery, letters to patients who fail to follow advice, photograph permission, surgery consents, etc.

Have you returned your "Speakers Bureau" questionnaire? If not, do so now!

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PROVIDENCE HOSPITAL SEMINAR

The tenth semiannual Providence Hospital Seminar will take place on Wednesday, November 29, 1961, from 1:00 to 9:00 P.M. at the hospital. The subject is allergic diseases and the discussors are Drs. Byron Waksman and William Franklin.

The program is:

1. Classification and Criteria of Allergic Phenonena—
   Dr. B. N. Waksman
2. Clinical Diagnosis of Common Allergic Syndromes—
   Dr. William Franklin
3. Cytotoxic and Anaphylactic Lesions—Dr. Waksman
4. The use of Allergenic Extracts in the Management of Asthma and Allergic Rhinitis—Dr. Franklin
5. Lesions Produced by Cellular Hypersensitivity—Dr. Waksman
6. The Use of Drugs in the Management of Asthma, Rhinitis and Other Allergic Syndromes—
   Dr. Franklin

Richard J. Maher, M.D.

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NEXT HAMPDEN DISTRICT MEETING

TIME: Tuesday, December 5
Social Hour 6 p.m.
Dinner (Courtesy of Society) 7 p.m.

PLACE: Oaks Steak & Rib House
(Formerly Hartman's)
1396 Boston Road
Springfield

AGENDA: Committee Reports
and other
Important organizational
and socio-economic matters

YOUR PRESENCE IS URGENTLY REQUESTED

Ray T. Smith,
Secretary

PUBLIC HEALTH COMMITTEE

The Public Health Committee met for the third time during the current administration on Wednesday, October 18, 1961 at noon in the offices of the Hampden District Medical Society. The chairman expressed disappointment that no statement was made in the newspapers following the last Hampden District Meeting relative to our stand on Health Commissioner for the city.

Dr. Brynes finished his report on Physical Fitness as follows:

1. That a child could be expected to walk to school one mile away.
2. Daily vigorous calisthenics lasting 15 minutes or more with emphasis on the flabby child and neglected muscular structure.
3. That vigorous intra-mural sports for all are approved.
4. That swimming should be made a requisite for graduate from high school.
5. That no child be deprived from physical fitness education except for a bonafide contraindication.
6. That the Public Health committee express its willingness to cooperate with the school physical education department in setting up a satisfactory program and helping to publicize such a program.

It was voted that this report be enacted.

Dr. Joffe then gave a report on diet in schools. His study in the schools of Holyoke showed that the average luncheon provided 700 to 1000 calories, a third of which was in carbohydrates, third in fat and third in proteins. He said that 50-60% of children bring their own lunch. Supplies are available from Boston through the federal school lunch program, free and included an unlimited amount of milk, butter and ice cream but that the schools are required to purchase their own meat, fruits, and vegetables for the most part.

Dr. Izenstein then mentioned the Diabetes Detection Drive that is to be held Nov. 12-18 and felt that it would be in order for the HDMS through this committee to support such a program. It was moved that the committee offer its cooperation to the American and State Diabetic Associations in whatever way it could to further the

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detection drive. This was voted unanimously. Dr. Izenstein was appointed chairman of a sub-committee on diabetes and requested to appoint his own committee, to make whatever investigation he deemed necessary and to report back to this committee.

The chair suggested that future reports be written out and submitted to Mrs. Purdy to be mimeographed in time to be mailed to each member of the committee prior to its next meeting, thus allowing study of the report and saving time at the meeting.

Norman A. Pokorny, M.D.,
Chairman

Recruitment of volunteer physicians for emergency service in the foreign mission field is a new project of the AMA. It is seeking physicians who will volunteer to serve in the mission on a temporary basis. This endeavor will represent every religious denomination in the U. S. which sponsors medical missionaries.

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THE DOCTOR AND HIS HOBBY

9 — Forestry

Life in the woods has an especial appeal to Dr. James L. Smead, former president of the Hampden District Medical Society and now Director of Medical Education at the Springfield Hospital. Jim defines forestry as "the raising of trees as a crop". Its purpose is to gain the maximum production of high quality wood products with due consideration for water and soil conservation as well as flood control and preservation of wild life.

Jim's interest in forestry goes back to childhood when he developed a love for the woods and for the aroma of trees and fresh sawdust. In his early teens, Jim went to work in a steam mill. At that time, portable mills would be set up on someone's wood lot to cut logs into boards. When the job was finished the mill would move on to the next lot. The work had to be done during the winter when transportation of logs by horse and sled was most suitable. In the present day of tractors with caterpillar treads, Jim explains, this work could be carried on at any season of the year. Furthermore, the gasoline engine has largely replaced the steam mill of his youth.

The lumber of those days was stacked to season for several months, al-

though at present, it is often taken directly to the kiln, a place where lumber is scientifically dried for the proper moisture content for its ultimate use.

Jim began to work at his hobby in earnest in 1935 when he built a camp and acquired a 23 acre lot around it. This was forest land which had just been harvested, and all the marketable lumber had been taken out of it. In 1943 he added 65 acres, which again had just been skimmed by a commercial organization. He did, however, find two areas left untouched, one of natural woodland and the other a plantation of pine trees too young to harvest. He proceeded to plant white pine and spruce, at the same time fighting insects. The woods were improved by cutting down the injured or diseased trees, or those too crooked for cutting straight logs. Thinning of the woods is also important, and the poor quality trees were cut and used for fire wood in the camp.

In 1955, an abandoned pasture of 40 acres was acquired. This area consisted of some trees, but not enough grass to support cattle. He permitted the trees to grow, seeding themselves as they grew. An additional 170 acres where some buildings had been burned down was purchased in 1957, and it was here that he built his permanent home. A trout brook of 3/4 of a mile length that he had on his old property extended another 1/2 mile into this new woodland.

An interesting aspect of Jim's hobby in forestry is water conservation. For this purpose, he dug the ground near a brook and built a pond by feeding water through a pipe from the brook to the pond. This is called a farm conservation pond. It was built under the direction of the Federal Government, although at Jim's personal expense. Such a pond is of great value in flood control, and also serves as a source of water in case of fire or for use in swimming or skating. It may even be stocked with trout.

To stop erosion, Jim built four diversion ditches. These are dug along hillsides to provide drainage of water. The surface water is collected and directed to a brook away from buildings or roads and away from the pond.

Jim planted several thousand trees to build up his forest land, but thus far admits that he is not too satisfied with the results. Meanwhile, he keeps planting.

Encouragement of wild life, such as deer, foxes, squirrels, and birds of all sorts, represents another aspect of this interesting hobby.

Some day, mused Jim, he will harvest considerable lumber from his 312 acres. However, unlike many commercial enterprises, he will accomplish this harvesting in a manner that will improve the woods rather than destroy them.

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A LOOK IN THE MIRROR

The proverb, "To see ourselves as others see us," has far-reaching implications for the physician—perhaps more so at this time, when public relations and communications are not altogether satisfactory, and would appear to be such vital determinants of our professional future.

It would seem timely and propitious that we undertake a kind of personal inventory in an effort to understand better the normal but sometimes hampering compensatory mechanisms in our personalities—forms of defense that perhaps are inevitable and present to a greater or lesser degree in everyone. They are devices by which man attempts to meet his problems in a world of pyramided wishes and countless intangible dangers. Physicians are not immune to these mechanisms, which may be quite detrimental in professional survival and therapeutic activities.

The following are but a few of the more common illustrations of compensatory behavior: the fellow we all know who, when insecure or threatened in a situation, talks too much, feigns superiority (as seen in his intellectual pretentiousness) and at times is suffocatingly verbose; then there is the one who, when threatened, seeks refuge behind a devastating vitriolic attack upon the person who chances to arouse his complex indicators. Ironically enough, he may possess extraordinary intellectual acumen which is too often sabotaged by his emotional imbalance—superior intelligence is not in any sense a guarantee of emotional stability.

We have all seen the undersized person who simulates the czar, with an insatiable appetite for authority, who bellows his way through life, not only to his own detriment but to the discomfort of his associates. This pattern of behavior is essential to him in order to maintain his defenses.

It is interesting to note various forms of compensatory behavior as reflected in an individual's style of dress—the male who wears excessive jewelry, conspicuously high-styled suits, the one with loud "attention-demanding" kinds of conversation—all of which attest to his unresolved inner conflicts.

Not uncommon is the professional individual who is beset with a need for ego bolstering, which he obtains at the discomfort of the patient, AT whom he talks unceasingly in an ad-

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monishing tone, with repetitious use of the personal pronoun, "I".

Then there is the frequent appearance of the mechanisms known as projection, in which the individual projects the blame for his own faults onto others, often condemning someone for omissions or commissions that are actually errors of his own and for which he cannot assume responsibility because of his feelings of inadequacy.

This meager presentation of mechanisms would be even more incomplete if one were not to mention the anxiety-ridden professional person who is so extremely threatened by even a faint suggestion of psychiatry that he cannot accept it for a patient, let alone for himself. It threatens betrayal of his inner turmoil, and he is likely to respond with a hostile defense in which he either belittles or condemns the specialty.

A knowledge of the psychology of human behavior and an understanding as to why it is necessary for people to utilize these mechanims will undoubtedly increase tolerance and perhaps enhance interpersonal relationships. At the same time they should aid in establishing better rapport between professional and lay groups. The developments of self-insight is a sine qua non as a step toward better public relations, as well as assisting us to keep our own machanisms within bounds.

For too many years we have remained in our ivory tower, sedated by our complacency, and now the tables are turning and circumstances dictate that we arouse ourselves and endeavor to cast aside our various defenses in order that we succeed in achieving better understanding with the lay group—and here the old adage still holds: "To see ourselves as others see us".

Cooper

A SALUTE TO HAMPDEN

"The Hampden District Society, especially your chairman of the Disaster Care Committee, has been commended for its active interest in national security in the 'Log' of the state Committee on Disaster Medical Care, by a special message to the district society members by the chairman, and on the floor of the Council chamber."

(From a letter by Francis C. McDonald, M. D., Chairman, Committee on Disaster Medical Care, Massachusetts Medical Society to President Jerome A. Whitney, M.D., President, Hampden District Medical Society.)

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The above study found that there are more than 100,000 voluntary health and welfare agencies soliciting contributions from the general public. Moreover, there are hundreds of individual hospital-support groups as well as 100,000 fraternal, civic, and veterans organizations and 300,000 church groups which sponsor a variety of health and welfare activities. These groups vary from small local committees to national organizations attacking specific diseases and social conditions. The total take zooms to close to two billion dollars a year with approximately one-third going for health activities and two-thirds for welfare activities; however, the two are frequently almost impossible to sort out.

The aforementioned study revealed that most agencies have sloppy or misleading accounting systems. Even if accounting methods are good, they are so diverse as to prevent comparison. It is even difficult to tell how much money an agency spends just to raise money. Some claim as little as 5% of the take; most say 15%; others admit to high as 57%. A number of agencies manifest a predominant desire too frequently for self aggrandizement and self-perpetuation to the detriment of over-riding public interests. Obviously, there is a bitter, wasteful competition amongst voluntary health and welfare agencies for the public's charitable dollar and there is too often a failure to give to the public the information the latter needs both as to the former's finances and activities.

Three main types of agencies conduct health and welfare activities in the United States: (1) governmental, from federal to town level; (2) private charitable foundations and institutions; and (3) voluntary agencies which finance some basic research amongst a myriad of related activi-

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ties. There is so much splitting and overlapping of functions, as well as "an increasing conflict of vested interests", that much of the public's good will can be destroyed with the inevitable consequence of governmental control. To avoid the aforesaid, voluntary agencies, which purport to provide the principal means through which private citizens may act for the betterment of their nation, their communities, and their fellow man, have the solemn duty to disclose fully to the public, as to any investor in any organization, the detailed facts of their trust.

Some communities, including Springfield, have taken steps in demanding that soliciting agencies, in some manner, make public figures on income and outgo; however, these efforts have not met with too much success in truly informing the public or the individual "pigeon". Such disquieting announcements, as recently made by the Commonwealth's Attorney General relative to 2,000 public charities in the State who have failed to file required forms on their income and expenses for the preceding fiscal year, are a "jar" to the public's confidence. "Far from destroying a basic right of the people, complete financial reporting preserves that basic right."

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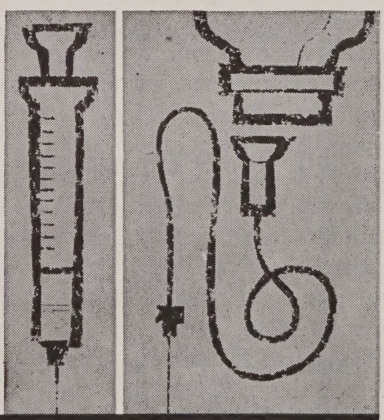

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COUNCIL MEETING HIGHLIGHTS

The Council of the M.M.S. met on Wednesday, October 4th, to transact the business of the new year. Delegates to the United Health Council were approved and Dr. H. Solomon's name was added to the Committee on Mental Health. A letter of thanks from Dr. Bradford Washburn of the Museum of Science thanking the Society for its contribution was read.

After informational reports from the Delegates to the A.M.A., the Executive Committee of Council, and Committees on Medical Education and on Occupational Health were approved, the report of Committee on Medical Charges to Pooled Funds was considered. The report itself was informational but charges were made that the Committee had distributed a fee schedule to insurance companies which was being used by them to set fees. The Committee had previously denied the existence of such fee schedules but was forced to admit that a table had been distributed to certain insurance companies, based on Blue Shield Plan B, plus 30% with other variables for dependents and income, which was to be used as a screening device in cases submitted to the committee for adjudication. This had been used by some insurance companies as a fee schedule and the Health Insurance Council apologized for such use. The Council again affirmed the fact that the M.M.S. had no fee schedule.

Resolutions introduced by the Insurance and Investment Committee were then discussed. The committee was given the right of decision as to what types of insurance it would recommend to the Society, and also to adjudicate disputes between members and insurance companies.

A resolution presented by the Committee on By-Laws and Council Rules that the charter be changed to conform to the By-Laws was tabled. A resolution that no action be taken on the principle that all resident fellows be members of the A.M.A. was defeated. Instead it was voted to approve the principle and that the Committee on By-Laws be instructed to amend the By-Laws of the M.M.S. accordingly.

The report of the Committee on Membership that applicants for senior fellowship be members for at least five years was accepted. Approved also was the recommendation that eligibility requirements for senior fellowship status be printed on the billheads.

The Committee on Disaster Medical Care reported on its several meetings throughout the State including its meeting in Springfield. It reported also that an emergency CD hospital would be made available in Hampden District for 30 days for training purposes.

Resolutions presented by the Committee and approved include recommended State Legislation that will:

1. Provide strong economic motivation for the construction and maintenance of blast or fallout shelters by communities or individuals or

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2. Release the stored emergency hospitals to community hospitals for proper integration of manpower and human skills so that drill exercises, functional and re-packing and prepositioning in "blast" and "fallout-proof" shelters will make these shelters properly available for emergency service.
3. Provide information and instruction at the high school level relative to survival techniques including first aid.

Under new business six resolutions presented by Middlesex East Society planned to curb the activities of the Committee on Pooled Funds were hotly debated. 1. The resolution that the Committee turn over to the Committee on Ethics and Discipline any evidence of fraud was approved. 2. The resolution that the Committee educate physicians and insurers as to the provisions of policies and proper precedures in dealing with each other was also passed. 3. That procedures of the Committee be revised at the February meeting of the Council was also approved. The fourth, fifth and sixth resolutions dealing with adjudication of fees were *not* approved. The 7th, that the committee and its members accept no monies from insurance companies or Blue Shield was approved.

A resolution that the Massachusetts Medical Society approve Blue Shield payments to Podiatrists was defeated on the basis that it would put the seal of approval on many sub-standard procedures done in Podiatrists' offices that should be performed by orthopedic surgeons.

The meeting adjourned at 4:30 p.m.

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In it are listed eleven Private and a rather large number of Federal, Regional and State sources. Of special interest are the Massachusetts Sources which are as follows:

1. Massachusetts Higher Education Assistance Corp.
   604 Statler Building
   Boston 16, Massachusetts
2. Executive Secretary
   Medical, Dental & Nursing Scholarship Bd.
   200 Newbury Street
   Boston 16, Massachusetts
3. Dr. Joseph W. Gardella
   Asst. Dean, Student Affairs
   Harvard Medical School
   25 Shattuck Street
   Boston 15, Massachusetts
4. Dr. John Wallace Zeller, Asst. Dean
   Tufts Univ. School of Medicine
   136 Harrison Avenue
   Boston 11, Massachusetts
5. Lamar Soutter, M. D., Dean
   Boston University School of Medicine
   80 E. Concord Street
   Boston 18, Massachusetts
6. New England Board of Higher Education
   31 Church Street
   Winchester, Massachusetts

A copy of the brochure may be obtained by writing to Dr. Ward Darley Executive Director of the Association of American Medical Colleges, 2530 Ridge Avenue, Evanston, Illinois.

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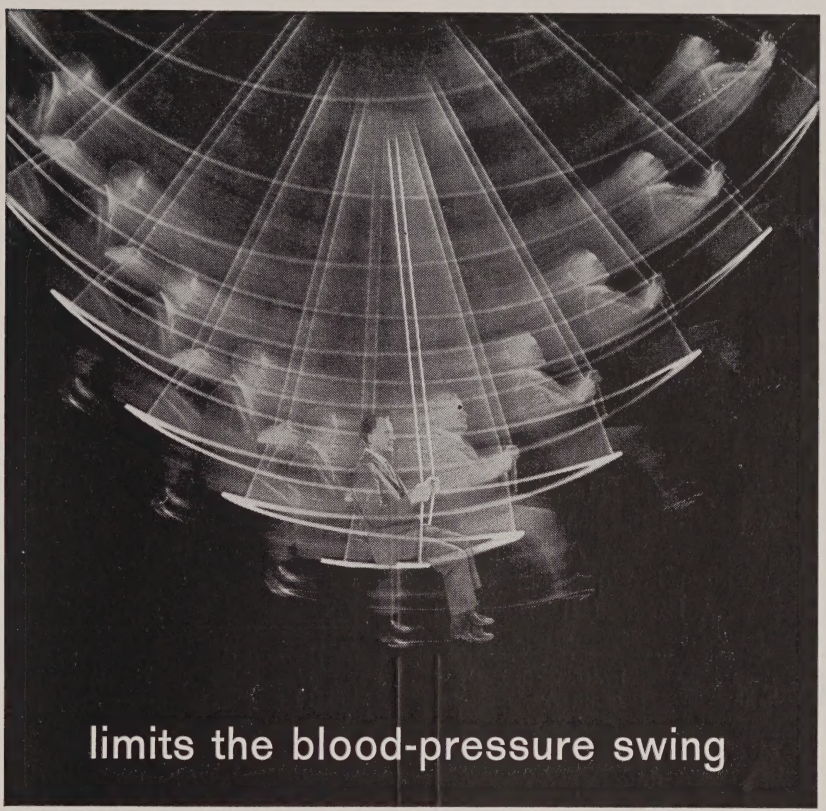

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Vivian M. Purdy, Executive Secretary

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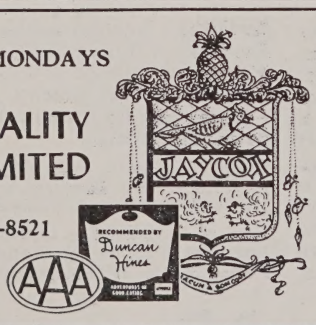

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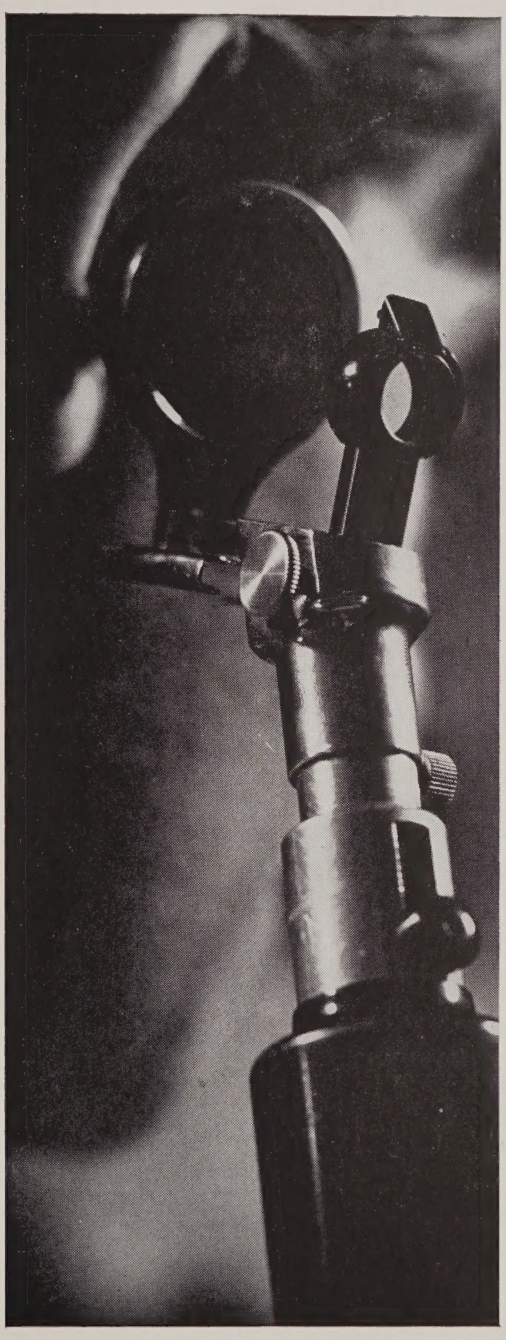

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